

**MINUTES**  
**VIDEOCONFERENCE MEETING OF COUNCIL**  
**ALBERTA COLLEGE OF PHARMACY**  
**November 10, 2021**

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**1. Introduction**

**1.1 Call to Order**

President Macek called the meeting of council to order at 8:01 a.m. He gave recognition to the territorial and ancestral lands. He welcomed Council Members, ACP administration, and pharmacy leadership students Cameron Black, Nils Mosher and Teagan Zeggil, attending the meeting as observers. President Macek advised that Bill Shores, ACP legal counsel, would join the meeting at 10:15 am to brief Council about the decision of the Alberta Court of Appeal in the ACP vs Alsaadi matter. He further advised that Margaret Morley, ACP Hearings Director would join this discussion as an observer. President Macek asked Council Members to reflect on governance policy GP-8 Code of Conduct and consider any potential conflicts of interest they may need to disclose. No potential conflicts were disclosed.

**1.2 Roll Call**

Registrar Eberhart called the roll and identified the following individuals in attendance:

- District 1 - Peter Macek (President)
- District 2 - Patrick Zachar
- District 3 - Fayaz Rajabali
- District 4 - Stan Dyjur
- District 5 - Shereen Elsayad
- District A - Laura Miskimins
- District B - Dana Lyons (Past-President)
- Public Member - Irene Pfeiffer (President-Elect)
- Public Member - Christine Maligec
- Public Member - Carmen Wyton (Executive-Member-at-Large)
- Public Member - Aquaeno Ekanem
- Public Member - Deb Manz
- Public Member - Jane Wachowich
- Public Member - Jason West

Also in attendance

- Greg Eberhart - Registrar
- Kaye Moran - Deputy Registrar
- Jeff Whissell - Deputy Registrar
- Rob Vandervelde - Senior Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Barry Strader - Communications Director
- Bill Shores, Shores Jardine LLP - ACP Legal Counsel (10:25-10:45)
- Observers:
  - Teagan Zeggil - President Macek's Pharmacy Leadership Student
  - Cameron Black and Nils Mosher - Councillor Dyjur's Pharmacy Leadership Students
  - Margaret Morley - ACP Hearings Director (10:25-10:45)

**1.3 Invocation**

Councillor Laura Miskimins read the invocation.

## **1.4 Adoption of the Agenda**

### **1.4.1 Consent Agenda**

Council reviewed the Consent Agenda material submitted by the Registrar under Agenda Item 1.4.1.1 and 1.4.1.2.

#### **1.4.1.1 Policy Update**

**MOTION:** to approve the Consent Agenda Policy Update provided by the Registrar.

Moved by **Patrick Zachar**/Seconded by **Christine Maligec**/CARRIED

#### **1.4.1.2 Update Report**

Council had questions about the following subjects within the Consent Agenda Update Report.

- Legislative Update - Registrar Eberhart responded to questions about progress on legislative and regulatory amendments, including ACP's proposal for a Ministerial Regulation to enable ACP to enter into agreements with other provincial territorial pharmacy regulators. The Minister has indicated interest in the principle of ACP's proposal and has deferred to the department to work with ACP to enable Alberta's commitment to a national agreement, should consensus be achieved before a regulation can be passed.
- Canadian Council for Accreditation of Pharmacy Programs (CCAPP) – Registrar Eberhart was asked why the CCAPP Board structure includes so many delegates from pharmacy advocacy organizations. He responded that CCAPP is constituted through federal legislation. He questioned whether it was ACP's role to query to governance structure of CCAPP? What is the policy of concern that lies within ACP's domain? Registrar Eberhart will research the history that established the governance structure of CCAPP for information

**MOTION:** to accept the Information Update report provided by Registrar Eberhart.

Moved by **Stan Dyjur**/Seconded by **Christine Maligec**/CARRIED

### **1.4.2 Additions to the Agenda**

**MOTION:** to adopt the agenda as circulated.

Moved by **Deb Manz**/Seconded by **Patrick Zachar**/CARRIED

## **1.5 Minutes from Previous Meetings**

### **1.5.1 Minutes – September 28-29, 2021 Videoconference Meeting**

**MOTION:** to approve minutes of the September 28-29, 2021 council meeting.

Moved by **Irene Pfeiffer**/Seconded by **Christine Maligec**/CARRIED

### **1.5.2 Ratification of e-Ballot – November 3, 2021**

**MOTION:** to ratify the e-ballot of November 3, 2021 appointing a Panel of Council to review a registration decision of the Registrar.

Moved by **Stan Dyjur**/Seconded by **Dana Lyons**/CARRIED

## **1.6 Disposition of Directives**

The Disposition of Directives was provided for information. President Macek invited questions from Council; however none arose.

**MOTION:** to accept the Disposition of Directives as information.  
Moved by **Fayaz Rajabali**/Seconded by **Christine Maligec**/CARRIED

### 1.7 In Camera - NIL

## 2. Generative

NIL

## 3. Strategic

### 3.1 Continuing Competence Program Rules for Practice Improvement Program (PIP)

The *Health Professions Act* (HPA) requires that all regulatory colleges establish a continuing competence program (CCP). Part 3 of the HPA states:

- (2) A continuing competence program
  - (a) must provide for regulated members or categories of regulated members to maintain competence and to enhance the provision of professional services, and
  - (b) may, if authorized by the regulations, provide for practice visits of the regulated members or categories of regulated members.

The Pharmacists and Pharmacy Technicians Profession Regulation further describes the CCP:

- 24 The continuing competence program of the College comprises
  - (a) continuing professional development,
  - (b) competence assessment, and
  - (c) practice visits

The Regulations also provide Council authority to establish rules for the CCP.

Goal #5 of ACP's five-year strategic plan approved by Council in 2020, states that "*Registrants identified as not being able to meet practice expectations demonstrate practice improvement*". The key objectives of this goal are:

- 1.1 Standardized evaluation occurs throughout and at conclusion of learning and structured practical training.
- 1.2 Provisional pharmacists and pharmacy technicians are evaluated in a manner that assures the college, confidence in their readiness to independently fulfill their scope of practice in a safe, effective, and ethical manner.

Success will be achieved when provisional pharmacists and pharmacy technicians demonstrate acceptable clinical, technical, communication and critical thinking skills; and cultural awareness of pharmacy practice in Alberta's health system at entry to practice.

Council reviewed the current DRAFT amendments to the CCP rules that introduces the Practice Improvement Program (PIP) and moves the evaluation for achieving additional prescribing authorization (APA) formally within the continuing competence program. Additionally, the CCP rules will be changed to enhance the transparency of existing processes within the program by adding a definitions section, highlighting the authority of the CCP in legislation, describing how practice visits are used within the CCP, and describing processes for cases to progress through the program quicker.

Following are comments and observations made during Council’s discussion:

- The Practice Improvement Program appears to be labor intensive for registrants identified a not meeting practice expectations.
- Registrants required to participate in the program will be responsible to cover the costs of their participation in the program
  - ACP will consider means of off-setting costs where appropriate
- ACP regularly engages with other provincial colleges, and other colleges of pharmacy across Canada about their competence programs, including practice improvement
- ACP has created a new contract position for an Assessment Developer, and while the primary responsibility of that role will be to develop ACP’s assessment processes, it will also address program assessment
- When a program participant perpetually does not achieve or demonstrate minimum competencies, the Competence Committee may prescribe conditions on the registrant’s annual permit, and if they are uncooperative or noncompliant, may refer the matter to the Complaints Director.
- A national program is not feasible due to differences in legislation and scopes of practice.
- Council should focus on defining the program, establishing performance measures, and ongoing evaluation.

Council has been very deliberate in identifying practice improvement as a strategic goal for the next five years and will continue to explore what ultimately defines success, what types of activities are feasible to support success, and what activities are sustainable to the college to support success.

To summarize Council’s discussion, there was no direction to shift or change the policy direction of the enhanced rules or Practice Improvement Program as presented. Final approval of these rules will be sought at the December council meeting.

### **3.2 Alberta Framework for Virtual Care**

Council received the report “Optimizing Virtual Care in Alberta” that provides recommendations from the Alberta Virtual Care Working Group whose mandate was to “consider policy obstacles to optimized virtual care”. The working group included representation from government, regulators, health authorities, professional associations along with representation from patients and Indigenous leaders. The report is principle-based, and systems focused; and will serve as a foundation for the evolution of virtual care in Alberta. While professions reserve the responsibility for standards and the behaviors of their regulated members, this report provides principles and recommendations to build from.

The recommendations serve a different purpose than the guidelines for virtual care that were previously approved by Council. The guidelines approved by ACP council were intended as a first version to support compliance with existing standards knowing that they were preliminary and would be subject to growth and change.

Systemically, recognition of virtual care escalated during the COVID-19 pandemic and will now be the norm, therefore it is important that ACP is able to work with other professions to address those systemic considerations. It is critical that virtual care not be medicine centric but is born out of the collaboration that span a patient’s care team. The recommendations in the report empowers pharmacy to be a partner in this journey. Council expressed support for the report and Registrar Eberhart will proceed to demonstrate ACP’s support, by co-signing it with other participating organization leaders.

## 4. Fiduciary

### 4.1 Compliance Monitoring and Reports

#### 4.1.1 Executive Limitations (EL) – Compliance Reports

Reports from the Registrar were provided for the following Executive Limitation policies

##### 4.1.1.1 EL-5 Insurance

**MOTION:** that the Registrar is in compliance with policy EL-5 Insurance.

Moved by **Christine Maligec** /Seconded by **Stan Dyjur**/CARRIED

NOTE: ACP may wish to research the availability and feasibility of higher levels of insurance coverage for cyber-security next year.

##### 4.1.1.2 EL-8 Conflict of Interest

**MOTION:** that the Registrar is in compliance with policy EL-8 Conflict of Interest.

Moved by **Irene Pfeiffer**/Seconded by **Dana Lyons**/CARRIED

##### 4.1.1.3 EL-13 Information Management

**MOTION:** that the Registrar is in compliance with policy EL-13 Information Management.

Moved by **Christine Maligec**/Seconded by **Deb Manz**/CARRIED

#### 4.1.2 Governance Policies (GP) – Compliance Reports

Governance Policies (GP policies) define how Council conducts itself. Council reviewed the following governance policies, reflecting on its compliance with each policy.

##### 4.1.2.1 GP-1 Global Governance Process

##### 4.1.2.2 GP-2 Serving the Public Interest

##### 4.1.2.3 GP-3 Governing Style

##### 4.1.2.4 GP-4 Council Responsibilities

##### 4.1.2.5 GP-5 President's Role

##### 4.1.2.6 GP-6 Council Committees

**OMNIBUS MOTION:** that Council is in compliance with governance policy GP-1 Global Governance Process, GP-2 Serving the Public Interest, GP-3 Governing Style, GP 4 Council Responsibilities, GP-5 President's Role and GP-6 Council Committees.

Moved by **Irene Pfeiffer**/Seconded by **Dana Lyons**/CARRIED

NOTE: ACP is scheduled to review its governance policies within the next two years. In the case of GP policies, attention should be made to ensure they reflect the new council structure, and are relevant to both elected and appointed council members.

#### 4.1.3 Council-Registrar Relationship Policies (CR) Compliance Reports

Council-Registrar Policies (CR) define the working relationship between the Council and the Registrar. Council reviewed policy CR-1 Global Council-Registrar Relationship, CR-2 Direction from Council and CR-3 Accountability of the Registrar, and in doing so reflected on its compliance with the policies

##### 4.1.3.1 CR-1 Global Council-Registrar Relationship

#### 4.1.3.2 CR-2 Direction from Council

#### 4.1.3.3 CR-3 Accountability of the Registrar

**OMNIBUS MOTION:** that Council is in compliance with CR-1 Global Council-Registrar Relationship, CR-2 Direction from Council and CR-3 Accountability of the Registrar.  
Moved by **Stan Dyjur**/Seconded by **Deb Manz**/CARRIED

The healthy relationship between council and administration was noted as a key to ACP's success.

## 4.2 Highlights from Pharmacy Performance Portfolio

Deputy Registrar Jeff Whissell shared insights about the Professional Practice and Complaints programs to support Council's environmental scan, learning, and stewardship of pharmacy practice in Alberta. The following are excerpts from Deputy Registrar Whissell's report. The full report is attached to the minutes as Appendix 1:

Trends:

### COVID-related patient care

- An increase in COVID-19 related services, including vaccination, rapid testing services, and meeting the demand for patient care during the pandemic; however, at the cost of mental and physical pharmacist and pharmacy technician fatigue.
  - Pharmacy teams are now facing ethical challenges due to vaccination requirements. There are reports of individuals asking pharmacists to provide false records, take bribes or validate test results not performed in the pharmacy

### Centrally provided patient care and use of technology

- An increase in pharmacies providing centrally filled prescriptions and centralized clinical services for a broader range of individuals who are receiving medications for chronic conditions.
- Increased use of digital platforms to facilitate pharmacy services and operations including the use of e-fax systems, digital scheduling tools, and paperless record-keeping. A continued focus is ensuring that virtual care guidelines are met.

### Compounding standards

- Most community compounding pharmacies are meeting, or are very near meeting, compliance with sterile and non-sterile compounding standards.
  - Institutional sites continue to be challenged in meeting sterile compounding standards. Capital investment is required to meet the standards, and without it, patients and pharmacy team members are at potential risk.
  - Many pharmacies are limiting the non-sterile compounding activities being provided at their site. All pharmacies must be capable of providing at least Level A compounding, however many pharmacies are still outsourcing such basic preparations to their compounding and repackaging pharmacy. Many pharmacists can benefit from education about their responsibilities in non-sterile compounding to ensure the foundational requirements are met.

### Complaints Resolution Trends - Recent (identified as starting within the past 12 months)

- Concerns are increasing. In 2020, on average ACP received 217 concerns per quarter. In 2021, we received 264 in Q1 and 373 in Q2.

- COVID-19 has been a key driver of concerns. Each time there was a change in Alberta COVID-19 Pharmacy Immunization Program (ACPIP) eligibility requirements, provincial COVID-19 policy/requirements, and COVID-19 health and safety measures; there was a spike in complaints.
- More complainants and respondents seem inflexible, unreasonable, and overly aggressive when interacting with complaint processes.

Complaints Resolution Trends - Intermediate (identified within the past 1 to 5 years)

- Increase in complaints involving pharmacies' dealings with third-party insurer agreements.
- Increase in complaints involving pharmacy professionals' use (including access) and disclosure of health information.
- Increase in the small, but resource-intensive, number of registrants that passionately refuse to be regulated.
- Increase in complaints being referred to a hearing.

### **4.3 Legal Briefing on Decision of Court of Appeal**

ACP's legal counsel Bill Shores, Esq., briefed Council about the Alberta Court of Appeal Decision in the matter of ACP vs. Alsaadi. He focused on the sentinel parts of the decision and provided insight about considerations that would have to be made by future hearing tribunals, and the potential implications of these.

## **5. Evaluation of Meeting**

President Macek thanked Council for their contributions in the important work of Council. He asked Council to consider the following questions as they reflected on their personal and collective performance during this meeting:

- Did I have the information required and how prepared was I to contribute to discussion about each agenda item?
- How effective was I in participating in the meeting deliberations? Did I seek to understand others, or did I state and take positions on issues?
- How effective was Council in focusing on governance vs administrative issues?
- How effective was Council in focusing on the impact of pharmacy services on Albertans?
- Relatively speaking, was most of our discussion focused with the future in mind?

Council commented and raised questions as follows:

- A question was raised about the number of individuals that attended the ACP Connect meetings and requested that next year, the fall ACP Connects take place later in the year so as to not overlap with flu vaccinations. Council reiterated the value of receiving meeting documents as early as possible.
- President Macek observed that parts of the agenda did not have enough time for discussion, and asked for input from Council on how to improve the flow of the agenda.
  - Council commented that the layout of the agenda was appropriate.
  - It is a hard balance when considering what to put in the Consent Agenda and what should be on the meeting agenda. The layout of the Consent Agenda was appropriate, however perhaps a gage to its contents should be that if the President has an interest in a subject matter, then perhaps that subject matter should form a part of the meeting agenda and not be reported within the Consent Agenda.

- Perhaps a rule of thumb for meetings would be to have a report from the President at the beginning of the meeting to set the tone of the meeting and to help focus on the ENDS.

President Macek expressed his gratitude to Council for their comments and engagement. He will take all comments into consideration to make the council meetings more meaningful and powerful.

## **6. Adjournment**

### **6.1 Forthcoming Events and Council Meeting Dates**

#### **2021**

- December 15 - Council Board Development, Varscona Hotel, Edmonton
- December 16-17- Council Meeting, Varscona Hotel, Edmonton

#### **2022**

- March 16 - Council Meeting, In-person Meeting, Edmonton
- March 16 - Celebration of Leadership Reception (evening), Edmonton
- March 16-18 - ACP Leadership Forum (EC Members Only), Edmonton
- April 21 - Council Meeting, Videoconference Meeting
- June 7-8 - Council Meeting, In-person, Calgary
- June 8 - Celebration of Leadership and Installation of President, Calgary
- June 8-10 - ACP Leadership Forum (EC Members Only), Calgary

### **6.2 Adjournment**

**MOTION:** to adjourn the business meeting of council at circa 3:10 p.m.

Moved by **Christine Maligec**